

# New dental and vision plans available to Commonwealth retirees



## Dental Option 1 (PPO EP605):

The Elite Preferred 605 PPO plan allows you to choose network or non-network providers. Participating providers will accept negotiated fees as payment in full for the services they provide to you as a member. You only will be responsible for applicable deductibles and fees, as shown in the summary of benefits. If you visit non-participating dentists, you'll receive slightly reduced benefits. However, non-network provider fees aren't negotiated by Humana and may cost more than in-network fees.

## Dental Option 2 (DHMO C250):

The C-250 focuses on maintaining oral health, prevention, and cost control. After enrollment, you'll be assigned a primary care dentist who you can visit as often as necessary. Predetermined copayment amounts will apply to covered services, as shown in the summary of benefits. This easy-to-use plan features no waiting periods, deductibles, annual maximums, or claims to file. It doesn't have provisions for non-participating providers; you must visit a participating provider to receive benefits.

## Vision Option:

The Vision Care Plan is a fully insured plan that offers a comprehensive eye exam (\$15 copayment) and materials (\$20 copayment) at participating providers. The plan also provides reduced benefits for non-participating providers.

	Option 1 EP605 PPO	Option 2 C250 DHMO	Vision Care Plan
Employee Only Coverage	\$22.98	\$14.00	\$8.25
Employee + 1 Dependent	\$42.84	\$28.00	\$19.80
Employee + Family	\$60.10	\$42.00	\$23.10

The monthly rates of these plans effective Jan. 1, 2009, through Dec. 31, 2009.

For more information please visit our Website at  
**[www.compbenefits.com/custom/krs](http://www.compbenefits.com/custom/krs)**

For questions or to have an enrollment kit sent to you please call  
**1-866-824-7534**, 8 a.m. - 5 p.m. EST, Monday - Friday.

**HUMANA**  
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Vision product insured by CompBenefits Insurance Company.